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THE MEDICO-CHIRURGICAL TARIFFS

PREPARED FOR THE LATE

SHROPSHIRE ETHICAL BRANCH

OF THE

BRITISH MEDICAL ASSOCIATION,

BY

JUKES DE STYRAP, M.K.Q.C.P., Etc.;

PHYSICIAN-EXTRAORDINARY, LATE PHYSICIAN IN ORDINARY, TO THE SALOP INFIRMARY; CONSULTING PHYSICIAN TO THE SOUTH SALOP AND MONTGOMERYSHIRE INFIRMARIES; FOUNDER OF AND LATE HONORARY SECRETARY TO THE SALOPIAN MEDICO-ETHICAL SOCIETY, AND SHROPSHIRE ETHICAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

THE FIFTH EDITION:

REVISED AND ENLARGED.

'ACCIPE DUM DOLET.'

LONDON:
H. K. LEWIS, 136, GOWER STREET.

MDCCCXC.


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'Of your courtesy, we pray you read the preface.' (OLD PLAY.)

PREFACE TO THE FOURTH EDITION.

In issuing a revised and enlarged Edition of the Medico-Chirurgical Tariffs, in deference to the wishes of numerous practitioners—with which, however, the author and compiler has hitherto, and regretfully, been unable to comply, in consequence of persistent ill-health, and the pressure of other work,—the first duty which devolves upon him is to renew his most cordial thanks for the warm approval so freely accorded to the preceding ones, as shown by the unsought but much valued testimony received from not a few young and other practitioners, in various parts of the kingdom; and a like incentive to the renewed effort, and confirmatory withal of their assumed practical usefulness to the young practitioner, is the incident relative to a former edition, which the Editor of one of the leading French Medical Journals deemed of sufficient importance to translate and print therein.

With reference to the present edition, the author deems it judicious to distinctly notify that the respective medical and surgical charges are intended simply as a guide to the 'General Practitioner' (more especially the young and inexperienced), in contradistinction to the Metropolitan and Provincial Medical and Surgical Practitioners of special skill and repute: the assessment of whose professional services must necessarily be a question for their own especial consideration and decision.

Among the numerous emendations and additions herein introduced will be found a more or less important alteration in the line immediately following the title of 'Tariff of Medical Fees,' page 392, which, in the former editions read thus: 'Inclusive of Medicine'; but in the present one, it has been so worded as to render the inclusion of

medicine discretionary—a modification which will afford practitioners a desirable and necessary latitude; a slight increase, moreover, may be noted in a few of the Medical Fees, but in the Surgical Tariff no alteration or addition (other than for injecting the bladder, and administering an enema,) has been made—the few changes suggested by one or other having been deemed inexpedient by the skilled representative practitioners consulted on the subject; also, carefully considered reasons for an additional half or full fee in the case of the first or initial visit to a patient, or of a prolonged consultation; like suggestive arguments in favour of non-itemed professional accounts; the question, also, of professional charges to the clergy, and likewise to members of the medical faculty itself, in cases of professional visits by rail, or by road; further, the subject of non-interference by Public Vaccinators with the unvaccinated children of other practitioners' patients; and, finally, among other minor practical details will be found suggested charges for testing urine, as an aid to diagnosis.

The College, Shrewsbury,
January, 1888.

PREFACE TO THE FIFTH EDITION.

A NEW edition, or rather, strictly speaking, a revised reprint of the Medico-Chirurgical Tariffs having been rendered necessary for adaptation to the octavo size of 'The Young Practitioner: His Code and Tariff,' the author has deemed it expedient to reverse the Classes I and III: so that the latter—which, though so defined in the preceding editions, *de facto* constituted the highest class, with corresponding fees—has been relegated to its proper place, and Class I transferred to its legitimate position; and thus, the three specified classes will be in stricter accord with the conventional and relative terms of the period.

An important addition has also, it may be noted, been made to the Medical Tariff, on page 392, by the introduction of suggested fees for the 'Night-charge of Patients'; and which, it is hoped, will tend to lessen the difficulty under which not a few members of the profession have hitherto laboured in reference to the proper fees for such attendance. Other minor improvements have likewise been introduced, and, also, a summary of the case in which a County Court Judge laid down the law relative to professional charges for medicines supplied.

In the Surgical Tariff, moreover, the following suppletory operations have, in deference to the wishes of various practitioners, been inserted: namely, Cholecystotomy, Duodenostomy, Euterostomy, Gastrostomy, Hysterectomy, Laparotomy, Laryngotomy, Nephrotomy, Œsophagotomy, Pneumotomy, Prostatectomy, Pylorectomy, and Splenotomy.

The College, Shrewsbury.
December, 1889.

At the Annual General Meeting of the Shropshire Ethical Branch of the British Medical Association held in Shrewsbury, on the 5th of October, 1874,

IT WAS UNANIMOUSLY RESOLVED,

'That the Medico-Chirurgical Tariffs which have been submitted to, and discussed by the Meeting, (having also been previously circulated among the Members for their consideration and emendations,) be approved, and recommended for general use by the Associates of the Branch.'

'That the most cordial thanks of the Meeting be tendered to Dr. Styrap on behalf of the Branch at large, for the thoughtful care he has bestowed on the revision of the Medical Tariffs, and for the valuable time that, in deference to the Members' special request, he has devoted to the preparation of a Tariff of Surgical Fees—which the Meeting would simply but emphatically describe as a difficult problem (especially to a non-surgical practitioner like Dr. S.) ably solved—for which, and other zealous labours to promote the honour and true interests of the profession, the Members again desire to record their grateful appreciation and acknowledgment.'

Dr. Styrap—in renewing his thanks to the eminent practitioners who kindly aided him in the difficult task of adjusting the scale of Surgical Fees,—will be happy to receive suggestions for improving, as far as may be, the annexed Medico-Chirurgical Tariffs.

INTRODUCTION TO

THE MEDICO-CHIRURGICAL TARIFFS.

MEDICAL TARIFF.—The Council of the Shropshire Ethical Branch of the British Medical Association in issuing a revised edition of their Medical Tariff, and appending thereto, in deference to the wishes of numerous practitioners, a scale of Surgical Fees, deem it their duty to disclaim the slightest wish or intention to dictate to the members, in the matter of professional charges—which, so long as the medical and surgical, unlike the legal and other professions, hesitate to base their title to remuneration upon the abstract value of their services, must, they feel assured, remain an open and vexed question.

Though, in the opinion of your Council, a *fixed, compulsory* scale is undesirable, (inasmuch as *the charges must*, as a general rule, *be more or less regulated by local circumstances and the social and pecuniary position of patients ;*) they believe that a *recommendatory* Tariff will not only prove useful as a guide to the junior practitioner—often in doubt as to the remuneration to which he is fairly entitled —but serve as a reference in cases of dispute: and thus tend to prevent litigation, and promote a friendly arrangement.

The scale (a purely recommendatory one, be it noted), after much thoughtful consideration, and consultation with the general body of practitioners throughout the county, and adjacent districts, has been drawn at such a rate that the humblest member of the profession need not hesitate to make it the basis of his charges—a rate calculated, indeed, rather in accordance with past usage, than what is essential to the maintenance of the proper status of the profession—due regard being had to the diminished value of money, the increase of wealth among the several classes of the community, and the enhanced cost of medical and surgical education, consequent on the prolonged scientific and collateral studies enforced by the General Medical Council in the interest of the public. Ere many years have elapsed, a higher Tariff will doubtless be necessary. In the meanwhile, your Council would venture to express an earnest hope that every member, who, from seniority, or high professional status, may be in a position to do so, will not fail to charge higher fees, whenever the circumstances of the case justify them.

Your Council, while freely admitting that the *income*, rather than the **house rent* of patients, may be the true principle on which to found a Tariff, have nevertheless deemed it expedient to make the latter (as the least open to objection,) the basis of their division into classes. Exceptional cases, they need scarcely remark, will of necessity

* In the opinion of the framer of the Tariff, there is no such practical evidence of a man's available means, his power of bearing taxation, as his house rent—which probably bears, on the average, a fairer relation to the income of the tax-payer, than the income tax itself; and further, that, exceptional cases apart, the house rent may in general be set down at about one-tenth of the income.

occur, in which the practitioner must use his own discretion :—as, for instance, in the case of *farmers, lodgers,* and *tradespeople,*—from the rental of which latter a liberal deduction may be made, when not incurred solely for personal or family convenience. At the same time it will be well to bear in mind that £30 and £50 houses are not infrequently inhabited, either from choice or necessity, by persons of relatively, if not actually, greater wealth than others living in more highly rented ones. Such cases, however, must be left to the local knowledge and discrimination of the practitioner, and the charges regulated accordingly. In fine, *a fair and equitable remuneration, accordant with the patient's position and ability to pay,* should be the practitioner's simple rule in charging for professional services; and your Council would fail in their duty, if they omitted to give emphatic expression to their feeling and opinion, that he who, to the detriment of the faculty, knowingly seeks to acquire practice by the disingenuous, 'patient-trap' system of immoderately low charges, has not only mistaken his vocation, but is untrue to himself, unjust to his brethren, and guilty of professional delinquency that cannot be too forcibly denounced; alike reprehensible, also, is the old popular maxim of 'making the rich pay for the poor'—a proposition as unsound in policy, as 'tis wrong in principle.

On the whole, the following would seem to be a fair classification :—

CLASS III. When the house rental is from £15. to £25. per annum.

CLASS II. ,, ,, ,, £25. to £50.

CLASS I. ,, ,, ,, £50. to £100. and upwards.

Long and careful observation having led the Council to believe that the great majority of £10 householders are professionally cared for by Sick Clubs, and, so called, Benefit Societies, the scale has been altered, and now commences with a class-rental of £15, instead of £10, as in the former tariff. There is, however, outside the Clubs, a still lower grade of the commonalty that may be fairly called upon to pay more or less, according to their circumstances:—a class, which, for their own health's sake, it is very desirable, by affording them every reasonable facility for consulting qualified practitioners, to keep from the counter of the unqualified druggist, and the clutches of the charlatan; and though it has been found inpracticable to arrange a scale specially adapted to the means of the class alluded to, your Council would earnestly impress upon the members the desirability of attending them at reduced fees. Not only would it be a boon to the poor themselves, but in thickly populated districts, partially remunerative to the practitioner —independent of any higher source of satisfaction or reward; at the same time, such nominal charges should always be made, if possible, for ready money. If, however, even the minimum charge cannot be met without deep privation, or long continued harassing anxiety, the case should either at once be remitted to some charitable institution, or dealt with by the practitioner in the spirit of true charity: for to abstract from the poor man's pocket his last available shilling, ere transferring him to the Hospital or Dispensary, is dishonouring to a noble profession, and justly deserving of the severest censure.

No allusion, it may here be well to note, has been made to the subject of payment for medicines. It has been in-

tentionally omitted, with the view to mark the sense of the Council upon the point in question, and, as far as possible, morally to enforce the important principle—that medical men should found their claim to remuneration, *solely upon the value of their time and skill*, and altogether ignore the objectionable system of 'drug payment!'* Indeed, the practice of supplying medicines is rapidly dying out in continental states; and equally desirable is it

* As an incitement, and a monition withal, to practitioners to discontinue, as far as practicable, the system of supplying medicines, and to base their charges solely on the abstract value of their professional services, a thoughtful consideration of the following critical remarks which appeared on the subject in the British Medical Journal of January 28th, 1888, is advisedly suggested to the young practitioner, as a matter of personal import:—

"'Doctors' Bills.'—Sir Richard Harington, County Court Judge, in his court held at Droitwich on January 11th, made the following instructive comments in the case of Messrs. S. Batten and E. Elliot versus Arnold. Part of the claim was for medicine supplied and charged for at the rate of 3/6 per bottle, irrespective of the cost of the drugs used. The Judge remarked that 'the practice of surgeons charging for medicines in this way was unsatisfactory. A registered practitioner was entitled to charge for his attendance, and there was no reason for charging more than their value for medicines. The practice of so charging would not be allowed to stand in his court; and if cases of this kind came before him, he should have to inquire into the cost of the drugs supplied.' The practice thus condemned is one which no doubt is common, and in many cases has been found to be convenient; and it certainly has often come incidentally under the notice of Judges of the High Court—especially in claims for personal injuries, where the cost of medical attendance is one of the items of the damages—without eliciting condemnation.

"As a matter, however, of strict law, where the 'Doctor's bill' is disputed, Sir Richard Harington is apparently right. Where a medical practitioner supplies medicines, he does so not as a member of a learned profession, but as an apothecary; and, like other tradesmen, in the absence of an agreed price, he is only entitled to charge what is reasonably the value of his goods. In ascertaining that value, the liability of the goods to deteriorate through keeping, the skill of the dispenser, and other considerations

for the patient and practitioner, (assuming the suppression of illegal 'counter practice'—not otherwise;) that it should become obsolete in this country—of which, however, even in the large cities, there appears to be no immediate prospect; while in the rural districts, from the limited general local business being insufficient to maintain a dispensing chemist, the proposed change is considered unfeasible, and, for other reasons, inexpedient. Under these circumstances, after a careful comparison of the relative advantages to patient and to practitioner, of prescribing *and supplying* medicines, or simply prescribing, your Council are of opinion that the Tariff is applicable to

which considerably enhance the price beyond that of the wholesale cost of the drugs used, must, of course, not be lost sight of; but they apply equally to medicines purchased at a chemist's shop, and a medical practitioner who supplies medicines cannot in law claim to make higher charges for them than would be paid to a chemist. It may be a hardship, in the case of patients who object to pay proper charges for visits, that the practitioner should be unable to make some extra profit from his medicines! but the law clearly will not enable him to recover such profit. It is well for those members who supply medicines to be aware of this fact, and to regulate their scale of fees accordingly. A professional man may, in law, estimate the value of his personal services at any figure he likes, and may refuse to accept less for them than he considers due. If, however, he contemplates the necessity of having to sue for his fees, he must make his client know *at the time* what their amount will be, otherwise a court will be sure to hold that the only contract is to pay such fees as are usual, and award a much smaller sum than the plaintiff considers due. He may also, as a tradesman, charge what price he likes for his medicines, if he tells his customers of it *at the time he supplies them*, and so makes the price charged an agreed price. What the law will not sanction is a plaintiff putting a fancy price on his goods or his services after they have been given and when the defendant has no longer an option of declining to have them. If there has been no agreement, it is always open to a defendant to dispute the amount claimed from him; and courts in such cases must decide as best they can as to the amount really due, and often, no doubt, inflict considerable hardship on members of the medical profession in so doing."

either case—inasmuch as, in the former, the cost of the drugs may be regarded by the practitioner as counterbalanced by the retaining hold he has upon the patient.

The Tariff is appended in a tabular form, with explanatory notes—the numerals to which respectively correspond.

NOTE.—In deference to the wishes of various members, an additional form of tariff (No. 2.) is appended for the guidance of those, who, from long established local custom, or other causes, find it impracticable to at once effect a change in the system of fees. In that event, the Council would strongly recommend such practitioners, while charging the items separately in the ledger, to send in a simple account for the sum total: and to allow any dissatisfied patient to refer to the ledger for particulars, rather than submit to the degrading system of 'drug details.' So essential, indeed, to the true interests of the profession do your Council regard the principle involved, that, to facilitate, and, as far as possible, universalize so desirable a change, and, at the same time, relieve individual practitioners from the odium (a powerful deterrent,) engendered in patients by desistance from the immemorial 'detail' system, they would hail with great satisfaction a recommendatory 'form of professional account' under the sanction of the General Medical Council, or of the several Royal Colleges of Physicians and Surgeons—which latter, moreover, by issuing, as in other countries, a medico-chirurgical tariff for the guidance of their junior members, would confer a boon on the profession and the public that could not fail to have a healthy conservative influence on the mutual relations between 'doctor and patient.' Your Council

therefore venture, with much deference, to commend the subject to their earnest consideration, and, meanwhile, would suggest to the members of the Medico-Ethical Society and Branch the following, or a like simple form (to be varied according to attendant circumstances,)—in which it will be observed that*—'drug payment' is

SUGGESTED FORMS FOR A GENERAL PRACTITIONER'S STATEMENT OF PROFESSIONAL CHARGES.

Elth-in-Tyme,
July, 188 .

A. DUWELL, ESQ.

To Dr. B. CHĒRFLE.

188 .	£	*s.*	*d.*
For Medical and Surgical Attendance on Mr. D., in the months of January and February	8	18	6
Professional Advice for Mrs. D., in the month of April	1	11	6
Professional Attendance on, and advice for Miss and Master D., in April and May	5	15	6
* *Medicines*	0	0	0
	£16	5	6

Mr. U. R. DOWTEN

To I. M. FERME, Surgeon.

188 .	£	*s.*	*d.*
Professional Attendance in January and February	4	14	6
For the Prescriptions repeated in the months of April, May and June	3	12	0
	£8	6	6

specially repudiated, with the view to educate the people to a just appreciation of the abstract value of skilled professional service. It will probably be objected that, in many instances, the supply of medicines constitute nearly the sole claim for remuneration. In such case, it will be well to send in the simple total for '*The Prescriptions repeated in the months of April, May, and June, for Mr. Dowten,*"* without particularizing the items—otherwise, an unfair and injurious comparison is more or less certain to be made between the relative charges of the 'Doctor' and the Druggist; for patients, rich and poor alike, are too apt to ignore, as of little value, the all-important, priceless ingredient in the composition of an effective prescription: viz. 'Ext. Cerebri Conc.'

N.B.—It is better, as a rule, not to specify details in professional accounts, unless specially requested; inasmuch as they often tend to dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. It is only reasonable indeed to assume that one who is generally supposed to unreservedly confide the lives and secrets of himself and family to his doctor, would have sufficient confidence and gratitude to entrust him to assess the value which he deems mutually fair and just to put upon his professional services, *plus* the anxious and grave responsibilities entailed upon him in the discharge of his onerous and often perilous duties. In fact, a doctor's bill that gives in detail the various items, is more apt to be criticized and disputed than one that simply notes the *total.* The respective items, however, of every bill should be carefully

* Note.—Mr. D., if desirous, is at liberty to examine the respective items in the ledger. } N.B.—This 'Note' should not be sent to other than a new and dissatisfied patient—nor be repeated.

entered in the ledger, in order that the charges may be verified, if necessary. It will be well to bear in mind that under section 32 of the Medical Act of 1858, a duly qualified and registered medical practitioner cannot recover charges for medicines supplied and medical services rendered by an unqualified and unregistered assistant, when such services have been wholly rendered by the unqualified assistant, and when no part of such services has been rendered by the qualified practitioner.

The question of professional charges to the clergy having, in 1883, been referred to the writer by the Editor of the British Medical Journal, it has been deemed judicious, in deference to the wish expressed by various practitioners, to append hereto the accepted reply (which had been previously submitted to and approved by divers eminent representative practitioners including the late Sir Thomas Watson), which was to the following effect: namely, That, in respect to charges for professional attendance on the clergy, beneficed or unbeneficed, and their families, there is no special general rule other than the simple 'unwritten' one (a time-honoured, and 'true Samaritan' principle, alike applicable to other classes;) by which the faculty have long been self-guided: namely, although fully and justly entitled to a commensurate remuneration for professional services, accordant with the patient's position in life, to, nevertheless, make a greater or less reduction, according to the circumstances of the individual case, to such as may fairly be classed among the 'poor clergy' (beneficed or unbeneficed)—specially so called—in contradistinction to the well-endowed and independent clergy: which latter should be charged as ordinary and not excep-

tional patients, in accordance with the principle and charges laid down in these Tariffs for Classes II and I.

As a matter herewith closely related, it may be well to note the following rule extracted from the *Code of Medical Ethics.*

THE DUTIES OF PRACTITIONERS AS REGARDS THEIR PROFESSIONAL SERVICES TO EACH OTHER, TO THEIR FAMILIES, WIDOWS, AND CHILDREN.

1. All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (*not* as a matter of *right*, but) *by professional courtesy*, to the reasonable and gratuitous services—*railway and like expenses excepted*—of the faculty resident in their immediate neighbourhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father,—or the widow and children of a practitioner left in affluent circumstances,—should be charged as ordinary patients—unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration: in such case, the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice and courteously urges the acceptance of a fee, it should not be declined—*for no pecuniary obligation ought to be imposed on the* DEBTOR, *which the* DEBTEE *himself would not wish to incur.*

SURGICAL TARIFF.—With regard to Operations, Fractures, &c., the time and skill required vary so greatly in individual cases, and the amount influenced so much by the

eminence and special qualifications of the operator, that to frame a scale of Surgical Fees—fairly adapted to all cases —is a matter of very considerable, if not insuperable difficulty. Your Council, however, venture to hope that the annexed Surgical* Tariff—the result of much labour and correspondence with many of the leading Surgeons and General Practitioners in the United Kingdom—will tend to obviate the difficulty so long experienced by the juniors from want of a recognised and professionally authoritative scale of fees; in reference to which they would further remark, that, although it has been found impracticable to specify every surgical contingency, and to frame an accordant scale of fees, the omission from the tariff of any operation, or other surgical service, is not to be regarded as a negation of the right to charge a fee proportionate to the nature and importance of such operation or service, and the social and pecuniary position of the patient.

N.B.—Reasonable objections having been urged against the 'rental' division into classes for a Surgical Tariff, two charges only (respectively designated 'Minimum' and 'Maximum' Fees—the intermediate ones being discretionary—) have been specified; any deviation from which, by reduction or otherwise, should, in the opinion of your Council, be a personal and exceptional consideration, privately and silently effected—unless some dispute, or attempted injustice, necessitate the contrary.

Ere concluding their remarks, the Council (bearing in mind, that, to the commercial or trade-class of society,

* Special Note.—The Tariff is intended simply as a guide for the General Surgical Practitioners, in contradistinction to the Metropolitan and Provincial Surgeons of special skill and repute—whose fees will of course, as heretofore, be the subject of private arrangement with their patients.

quarterly or half-yearly payments are now the rule,) would earnestly impress upon the members the expediency of sending in their usual statement of professional charges *bi-annually*:—for the 'Doctor's' proverbial delay, or neglect in the matter, is often attributed to a wrongful motive, and may, indeed, not unfairly be regarded as an incentive to the feeling so forcibly depicted in the following quaintly truthful lines:—

'God and the Doctor we alike adore
When on the brink of danger, not before;
The danger past, both are alike requited—
God is forgotten, and the Doctor slighted.'

It may also be well briefly to allude to the professionally inherent but injudicious system of *deferred* settlements of account, with its natural sequel—a chronic state of indebtedness of patients—which your Council need scarcely remark, not infrequently lead to a disruption of friendly feeling, and a loss of practice; nor should it be forgotten, moreover, that many who would willingly pay a semi-annual, or a yearly bill, are oft unable to discharge an accumulated one of two or more years. Probably, however, the most cogent and effective argument in favour of the suggested bi-annual system will eventually be found in the feeling of mental relief afforded by a replenished exchequer (a more or less exhausted state of which during the latter half of the year, under the existing system, is, it is to be feared, the rule rather than the exception in many professional households;)—which, with the coveted desideratum of 'a balance at one's bankers,' will, in the opinion of your Council, more than compensate for the additional trouble of a half-yearly '*posting up*'—the phantom *bête noire* and bugbear of the general practitioner.

TARIFF OF MEDICAL FEES:

EX OR INCLUSIVE OF MEDICINE, ACCORDING TO CLASS AND NATURE OF CASE.

A.—General Practitioners.	Class III. *£15 to £25.	Class II. £25 to £50.	Class I. £50 to £100 and upwards.
1. Ordinary Visit	2/6 to 5/0	3/6 to 7/6	5/0 to 10/6
2. Special Visit	A Visit and a Half.		
3. Night Visit	5/0 to 10/6	7/6 to 21/0	10/6 to 21/0
4. Night-charge of and sitting up with patient Exclusive of mileage.	21/0 to 42/0	21/0 to 63/0	42/0 to 63/0
5. Sleeping in the house by special request	10/6 to 21/0	21/0 to 31/6	21/0 to 42/0
6. Mileage beyond One Mile from Home	1/0 to 1/6	1/6 to 2/0	1/6 to 2/6
7. Detention per Half-Hour ...	2/6 to 5/0	3/6 to 7/6	5/0 to 10/6
8. Advice at Practitioner's House	2/6 to 5/0	3/6 to 7/6	5/0 to 10/6
9. Letters of Advice, or Prescription	5/0 to 10/6	7/6 to 10/6	10/6 to 21/0
10. Consultations	Refer to Explanatory Notes.		
11. Attendance on Servants ...	2/6 to 3/6	3/6 to 5/0	
12. Two or more Patients in the same House...	Refer to Explanatory Notes.		
13. Midwifery { Ordinary Case of	21/0 to 42/0	21/0 to 63/0	42/0 to 105/0
13. Midwifery { Difficult Case of	A Fee and a Half.		and upwards.
The Administration of Chloroform	10/6 to 21/0	21/0 to 31/6	21/0 to 42/0
The Application of Forceps...	An Extra Half-Fee.		
The Operation of Turning ...	An Extra Half-Fee.		
The Operation of Embryotomy	An Extra Full Fee.		
The Cæsarean Operation ...	210/0 to 315/0	210/0 to 420/0	315/0 to 630/0
14. Miscarriages	Refer to Explanatory Notes.		
15. Vaccination	5/0 to 7/6	5/0 to 10/6	7/6 to 21/0
16. Certificates of Health, &c. ...	Refer to Explanatory Notes.		
17. Medicines repeated	Refer to Explanatory Notes.		
18. Ordinary Testing of Urine ...	3/6 to 10/6	5/0 to 10/6	7/6 to 21/0

B.—CONSULTANTS.	Class III.	Class II.	Class I.
1. Advice or Visit, or Letter of Advice	†21/0	21/0 to 42/0	21/0 to 42/0
2. Mileage, exclusive of Fee ...	Refer to Explanatory Notes.		

* The rent being taken as an average but not absolute test of the income.

† MEDICAL LOYALTY.

The following strong argument in favour of the loyalty of physicians appeared in the columns of 'Notes and Queries' for July 7th, 1866, by S. T. P.

Question.

'Can you explain to me,
Why all physicians take
A Guinea for their fee,
When we no guineas make

Answer.

'Oh yes! the reason's plain:
They are loyal and unwilling
That a Sovereign e'er again
Should be left without a shilling.'

Explanatory Notes.

A.—GENERAL PRACTITIONERS.

1. *Ordinary Visit.*—Needs no explanation. NOTE.—When, at the first visit in a case, minute physical or prolonged examination is necessary in order to form a correct diagnosis, a somewhat larger fee may fairly be charged in accord with the prevailing rule, and for the following sound reasons: viz., that at the introductory or initial visit, it is generally necessary, in order to learn the history of the case, to devote extra time and attention thereto, since it not only involves a diagnosis, but, not infrequently, a prognosis also, for the intelligent comprehension and relief of the natural fears of the family; also, laying down a line of treatment, advising with regard to the diet, giving general and hygienic instructions to the nurse, and, may be, to others, etc.:—essential and important matters of detail that involve extra time and care, and therefore justify a claim for an additional half or full fee, according to the patient's position in life and ability to pay.

2. *Special Visit.*—A visit of which notice is not given before 10 a.m., at which hour, the Practitioner is understood to commence his daily round; also, when *immediate* attendance is requested, or a particular hour specified. Either incident is often embarrassing to the Practitioner, and entitles him to a larger fee.

3. *Night Visit.*—A visit made between 10 p.m. and 7 a.m.—for which, *at least*, double the ordinary fee should be charged.

4. *Mileage.*—This is understood to commence at one mile from the Practitioner's residence, and should be added to the fee for the visit, according to the Class. NOTE.—It may be well to suggest that, as a general rule, the mileage should (except to the higher and wealthy classes) include the visit-fee *plus* the charge for medicine; but in the case of the middle and lower classes, when medicine is not required on any of the succeeding journeys, the visit-fee may be charged in addition to the mileage.

5. *Detention.*—When from the urgency of the case, or at the desire of the patient or family, the Practitioner is detained more than half-an-hour, he is entitled to increased remuneration for every extra half-hour so detained—except in obstetric cases—in which, for every hour of detention exceeding six, an additional pro ratâ charge should be made.

6. *Advice at Practitioner's House.*—The same charge, according to class, as for an ordinary visit; and the same addition for detention.

7. *Letters of Advice, or Prescription.*—The charge should be somewhat in excess of that for *vivâ voce* advice: also for Letters to Consultants relating case, or progress thereof, by request of patient.

8. *Consultations.*—When the ordinary medical attendant has to meet another practitioner in consultation, he is fully entitled, from loss and disarrangement of time, to not less than double his usual fee—exclusive of that for inordinate or needless detention. If, however, the consultations are frequent, the increase may be remitted at his discretion; and in the following case, also, if requested by the practitioner in attendance. When a General Practitioner is himself called in consultation, he is entitled to the Consultant's *minimum* fee of 21/0. Obstetric Consultations should be charged by arrangement between the Practitioners.

9. *Attendance on Domestic Servants.*—When paying for themselves, the charge should be for patients in Class III or II, according to their position and circumstances. If the employer himself send for the Practitioner, he is responsible for payment.

10. *Two or more Patients in the same House.*—If members of the same family, and paid for by one person, the full fee should be charged for the first, and a half visit for each of the others. When not of the same family, the full charge should be made for each.

11. *Midwifery.*—The Obstetric Tariff necessarily admits of considerable latitude in regard to the fee, consequent upon the oft prolonged and harassing attendance in cases of difficult labour, and the varying pecuniary position of the several classes of society. The fee, moreover, from long-established custom, is generally understood to include a visit or two during the week after delivery, if within the prescribed distance of an ordinary visit; but for any indisposition in the mother or child subsequent to the seventh day—or when any *serious* ailment occurs to either within that period, a charge should be made for each visit and detention as in ordinary cases of disease.

12. *Miscarriages.*—In simple premature labour, the same charge should be made as in ordinary cases of midwifery. In Abortions, the necessary visits should be charged as such, *plus* an additional fee for detention, in accordance with the principle laid down in No. 5.

13. *Vaccination.*—This is not included in the Obstetric Fee, and should be charged from 5/0 to 21/0 according to Class, or number of visits required. [It is here noted, by special desire, that it is contrary to

professional etiquette for a 'Public Vaccinator' to call, unsolicited, upon a patient of another medical man—as has repeatedly been done,—and insist, or otherwise request, that a non-vaccinated child be brought to him for the purpose, or, in any way, to offer gratuitous vaccination; and thus too often succeed in obtaining an introduction to the patients of other practitioners.]

14. *Certificates.*—Simple Certificates of the state of health (or of the death—other than the usual one for the Registrar of Deaths;) of a patient may be charged to such as Ordinary Visits—to others, as for Letters of Advice; but in cases of Life Assurance, or Lunacy, involving special examination and responsibility, 10/6 to 42/0 should be charged according to Class, and circumstances. The Assurance Fee of 10/6, however, should apply only to cases in which the amount insured does not exceed £50.

15. *Medicines Repeated.*—When, as frequently happens, a patient applies simply for a renewal of medicine—a visit or advice being deemed unnecessary—the charge should be regulated by Class, as per Tariff No. 2, and worded in accordance with the suggestion made at page 387. ('For the Prescriptions, &c.')

16. *Urinary Testing.*—An ordinary examination of urine, secundum artem, as an aid to diagnosis, in contradistinction to a special and minute analysis.

B.—CONSULTANTS.

1. *Advice or Visit.*—This includes Advice at Home, and attendance within a mile—either alone, or in consultation with another practitioner. Two visits, except in consultation, are generally made for each fee, except in Classes II and I. NOTE.—In prolonged (*ex necessitate rei*) consultations, an extra fee may very justly be claimed by the respective consulting practitioners.

2. *Mileage exclusive of Fee.*—For any distance beyond the first fee-included mile, not exceeding three miles, 21/0, and a like sum for every additional three, or part of three miles; or it may be charged (fractions of a guinea being proscribed) at the rate of 7/0 to 10/6 per mile, according to Class, and the facility or difficulty of access.

Frequency of attendance, and facilities for travelling by rail, may, in exceptional cases, and on the recommendation of the local attendant practitioner, be regarded as a valid reason for a moderate reduction of the fee.

The above fees are from one to two-thirds less than the usual consultation charges for mileage, &c., in London, Edinburgh, Dublin, and other large towns.

TARIFF OF MEDICAL FEES:

EXCLUSIVE (No. 2.) OF MEDICINE.

General Practitioners.	Class III. £15 to £25.	Class II. £25 to £50.	Class I. £50 to £100.
1. Visit within Postal Delivery...	1/6 to 2/6	1/6 to 3/6	2/6 to 5/0
2. Special Visit	A Visit and a-Half.		
3. Visit between 10p.m., and 7a.m.	5/0 to 10/6	7/6 to 21/0	10/6 to 21/0
	For First Mile.		
4. Journeys—Mileage	1/6	1/6 to 2/0	2/0 to 2/6
	Per Mile Extra.		
	1/0 to 1/6	1/0 to 2/0	1/6 to 2/6
	If the distance be only one mile, from 2/6 to 5/0 should be charged for taking out horse or carriage, according to Class.		
5. Detention per Half-Hour ...	2/6 to 5/0	3/6 to 7/6	5/0 to 10/6
6. Advice at Practitioner's House	Refer to Explanatory Notes.		
7. Letters of Advice	5/0 to 10/6	7/6 to 10/6	10/6 to 21/0
8. Consultations	Refer to Explanatory Notes.		
9. Attendance on Servants ...	Refer to Explanatory Notes.		
10. Two or more Patients in the same House	Refer to Explanatory Notes.		
11. Midwifery	Refer to preceding Tariff.		
12. Miscarriages	Refer to Explanatory Notes.		
13. Vaccination	3/6 to 7/6	5/0 to 10/6	7/6 to 21/0
14. Certificates of Health, &c. ...	Refer to Explanatory Notes.		
Works—In Mining Districts ...	6/0 per annum, per head. ($1\frac{1}{2}$ per week.)		
Clubs—Inclusive of Medicine ...	5/0 per annum, each member. ($1\frac{1}{4}$ per week.)		
	N.B.—No Member of a Club should be entitled to Medical Attendance, &c., whose wages, salary, or income, exceed Thirty-five shillings a week.		
Medicines, &c.			
Mixtures ... ℥xij	3/6 to 4/6	4/0 to 4/6	4/0 to 5/0
,, ... ℥viij	2/6 to 3/6	3/0 to 3/6	3/6
,, ... ℥iv	1/6 to 2/0	2/0 to 2/6	2/6
Draught ... ℥iss	1/0 to 1/6	1/6	1/6 to 2/6
	When two or more are sent, a moderate decrease in the charge should be made.		
Drops... ... ℥iss to ℥ij ...	1/6 to 2/0	1/6 to 2/0	2/0 to 2/6
Pills xij	1/6	1/6 to 2/0	2/0 to 2/6
,, ... vj	1/0	1/0 to 1/6	1/6 to 2/0
,, ... ij	6d. to 1/0	1/0	1/0
Powders ... vj	1/6	1/6 to 2/0	2/0 to 2/6
,, ... iv	1/0 to 1/6	1/6 to 2/0	2/0
,, ... i	6d. to 1/0	1/0	1/0
Blisters	1/0 to 1/6	1/6 to 2/0	2/0 to 2/6
Gargles and Lotions	May be charged somewhat lower than Medicines proper.		

TARIFF OF SURGICAL FEES:

EXCLUSIVE OF VISITS.

This Tariff, be it noted, is especially intended for the well-to-do Artisan, Trade, and Middle Classes—not for the upper, or wealthy grades of society: to which latter, higher fees, commensurate with the skill and responsibility of the operator, should be charged.—Be it also distinctly understood that the scale has, in legal phraseology, been drawn 'without prejudice' to the established right of the 'skilled' practitioner to claim larger fees than those herein specified.

NOTE.—The visits made subsequent to any operation should be charged as for attendance in ordinary cases of disease—the fee being regulated by the time occupied, and the trouble incurred.

GENERAL SURGICAL PRACTITIONERS.	Minimum. £ s. d.	Medium Fees. £ s. d.	Maximum. £ s. d.
For administering an Anæsthetic	1 1 0	to	2 2 0
For reducing Dislocation of the Lower Jaw	1 1 0		2 2 0
For reducing Dislocation at the Shoulder-Joint	1 1 0		3 3 0
For reducing Dislocation at the Elbow-Joint	1 1 0		3 3 0
For reducing Dislocation at the Wrist-Joint	1 1 0		2 2 0
For reducing Dislocation of the Thumb...	1 1 0		2 2 0
For reducing Dislocation at the Hip-Joint	3 3 0		10 10 0
For reducing Dislocation at the Knee-Joint	1 1 0		3 3 0
For reducing Dislocation at the Ankle-Joint	1 1 0		3 3 0
For reducing old Dislocations, a double or treble fee should be charged, according to circumstances			
For reducing Fracture of the Lower Jaw	1 1 0		3 3 0
For reducing Fracture of the Ribs	1 1 0		3 3 0
For reducing Fracture of the Clavicle	1 1 0		3 3 0
For reducing Fracture of the Humerus	1 1 0		4 4 0
For reducing Fracture of the Fore-arm	1 1 0		3 3 0
For reducing Fracture of the Femur	2 2 0		5 5 0
For reducing Fracture of the Patella	1 1 0		3 3 0
For reducing Fracture of the Leg	2 2 0		5 5 0

Including the application and use of the ordinary Splints, &c. Special Apparatus excepted.

Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself.

General Surgical Practitioners.	Minimum.			Medium Fees.			Maximum.		
	£	s.	d.	£	s.	d.	£	s.	d.
For Amputation at the Shoulder-Joint ...	5	5	0				15	15	0
For Amputation of an Arm	5	5	0				10	10	0
For Amputation of a Hand	5	5	0				10	10	0
For Amputation of a Finger	1	1	0				3	3	0
For Amputation at the Hip-Joint	10	10	0				21	0	0
For Amputation at the Thigh	7	7	0				15	15	0
For Amputation of a Leg	5	5	0				10	10	0
For Amputation of a Foot...	5	5	0				10	10	0
For Amputation of a Toe	1	1	0				3	3	0
For Resection of the Superior Maxilla ...	5	5	0				21	0	0
For Resection of the Inferior Maxilla ...	5	5	0				21	0	0
For Resection of the Head of the Humerus	5	5	0				18	18	0
For Resection of the Elbow-Joint... ...	5	5	0				18	18	0
For Resection of the Head of the Femur	5	5	0				21	0	0
For Resection of the Knee-Joint	5	5	0				21	0	0
For Resection of the Ankle-Joint... ...	5	5	0				18	18	0
For Tenotomy	1	1	0				5	5	0
For Ligation of the Subclavian, Carotid, Iliac, or Fermoral Arteries	5	5	0				21	0	0
For Excision of Tumours in dangerous and complex regions	5	5	0				21	0	0
For Excision of Mammary Tumours ...	3	3	0				10	10	0
For Excision of large Encysted or Fatty Tumours	2	2	0				10	10	0
For smaller growths—a less fee ...									
For Abscission of the Tongue, or a portion of	5	5	0				21	0	0
For Abscission of the Tonsils	1	1	0				3	3	0
For Trephining	3	3	0				10	10	0
For the operation for Strabismus	2	2	0				10	10	0
For operations on Lachrymal Sac	1	1	0				3	3	0
For the operation for Entropion and Ectropion	2	2	0				7	7	0
For the operation for Cataract	7	7	0				26	5	0
For Iridectomy, or Artificial Pupil ...	5	5	0				21	0	0
For Extirpation of the Globe of the Eye	5	5	0				10	10	0
For Extirpation of Tumours in the Orbit	3	3	0				15	15	0

Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself.

General Surgical Practitioners.	Minimum.			Medium Fees.			Maximum.		
	£	s.	d.	£	s.	d.	£	s.	d.
For the Talicotian Operation	5	5	0		to		21	0	0
For the operation for the removal of a Nævus or Aneurism by Anastomosis	1	1	0				5	5	0
For the operation for the removal of Cicatrices	1	1	0				5	5	0
For the operation of Dermic-Grafting ...		10	6				3	3	0
For the operation for Cleft-Palate ...	5	5	0				15	15	0
For the operation for Hare-Lip	2	2	0				10	10	0
For the removal of Polypus Nasi... ...		10	6				5	5	0
For the removal of Foreign bodies from the Ear, Eye, Nose, Pharynx, or Œsophagus		10	6				2	2	0
For the operation of Tracheotomy ...	3	3	0				10	10	0
For the introduction of the Stomach Pump	1	1	0				3	3	0
For the operation of Trocar-Suction-or 'Aspiration'	1	1	0				5	5	0
For Paracentesis Thoracis	2	2	0				5	5	0
For Paracentesis Abdominis	1	1	0				5	5	0
For the reduction of Hernia by Taxis ...	1	1	0				5	5	0
For the operation for Strangulated Hernia	5	5	0				15	15	0
For the operation of Cholecystotomy ...	5	5	0				21	0	0
For the operation of Colotomy	5	5	0				15	15	0
For the operation of Duodenostomy ...	5	5	0				21	0	0
For the operation of Enterostomy ...	5	5	0				15	15	0
For the operation of Gastrostomy ...	5	5	0				15	15	0
For the operation of Hysterectomy ...	10	10	0				21	0	0
For the operation of Laparotomy... ...	5	5	0				21	0	0
For the operation of Laryngotomy ...	3	3	0				10	10	0
For the operation of Lithotomy	10	10	0				26	5	0
For the operation of Lithotrity	5	5	0				26	5	0
For the operation of Nephrotomy ...	10	10	0				21	0	0
For the operation of Œsophagotomy ...	3	3	0				10	10	0
For the operation of Ovariotomy... ...	15	15	0				31	10	0 and upwards.
Far the operation of Pneumotomy ...	5	5	0				15	15	0
For the operation of Prostatectomy ...	3	3	0				10	10	0
For the operation of Pylorectomy ...	5	5	0				15	15	0
For the operation of Splenotomy....	10	10	0				26	5	0

Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself.

General Surgical Practitioners.	Minimum.			Medium Fees.	Maximum.		
	£	s.	d.	£ s. d. to	£	s.	d.
For digital examination per anum or vaginam		10	6		1	1	0
For examination with Speculum		10	6		2	2	0
For the Introduction of a Pessary ...		10	6		1	1	0
For the removal of Polypus from the Uterus	2	2	0		10	10	0
For the operation for Vesico-Vaginal, or Recto-Vaginal Fistula	5	5	0		21	0	0
For the operation for Fistula in Perineo	3	3	0		10	10	0
For the operation for Fistula in Ano ...	2	2	0		5	5	0
For the operation for Hœmorrhoids ...	1	1	0		5	5	0
For the reduction of Prolapsus Ani ...		10	6		2	2	0
For the operation for Imperforate Anus, Vagina, &c.	2	2	0		5	5	0
For the palliative operation for Hydrocele		10	6		2	2	0
For the operation for the radicle cure of Hydrocele	1	1	0		5		50
For the operation for Phimosis and Paraphimosis		10	6		2	2	0
For the operation of Urethrotomy ...	5	5	0		15	15	0
For the introduction of the Catheter in ordinary cases		5	0		1	1	0
For the introduction of the Catheter in cases of obstruction	1	1	0		5	5	0
For the operation for puncture of the bladder	2	2	0		15	15	0
For injecting the bladder		7	6		1	1	0
For laying open an abscess or sinus ...		5	0		1	1	0
For inserting a seton, or making an issue		7	6		1	1	0
For Cupping with Scarificator		10	6		2	2	0
For Dry Cupping		7	6		1	1	0
For Venesection		5	0		1	1	0
For Subcutaneous Injection (less, if oft repeated)		5	0			10	6
For Syringing the ears		5	0		1	1	0
For administering an Enema		5	0		1	1	0
For a Post-Mortem Examination made at the request of the family of a deceased person	2	2	0		5	5	0

Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself.

ADDENDA.

For insertion after "in so doing," *in foot-note, page* 12.

It will also be well to bear in mind that a duly-qualified, registered practitioner cannot recover any charge in a Court of Law for professional services, etc., wholly rendered by an unqualified assistant ; that in relation to the law, as defined by Lord Chief Justice Coleridge in Howarth *v.* Brearley, an unqualified man is *de facto* nothing more than "the ministering hand of the directing brain of the qualified man"; and, further, that the practice of an apprentice or unqualified assistant to an apothecary must, as laid down in the case of the Apothecaries' Company *v.* Greenwood, be limited to his master's house.

For insertion after "ability to pay," *in Explanatory Notes, No.* 1, *page* 21.

In view, moreover, of the exceptional trouble entailed by the repeated change of dress and other precautionary measures, so essential to safeguard others in cases of infective disease—added to the attendant though temporary loss of practice—a like increment of fee is very justly earned and may legitimately be charged.